

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

11707 10-23-87

Wilson et al

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	1					
8		6				
9		5				
10		5				
11		4				
12		4				
13		4				
14		4				
15		4				
16		4				
17		4				
18		4				
19		4				
20	1					
21	1					
22	1					
23	1					
24	1					
25		4				
26		4				
27		4				
28		4				
29		4				
30		4				
31		4				
32		4				
33		4				
34		4				
35		4				
36		4				
37		4				
38		4				
39		4				
40		4				
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	36					
TOTAL CLAIMS	43					

CLAIMS

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75			1			
76				1		
77				1		
78				1		
79				2		
80				1		
81				2		
82				1		
83			1			
84				1		
85				1		
86				1		
87				2		
88				1		
89				2		
90				2		
91				2		
92				2		
93			1			
94			1			
95			1			
96			1			
97			1			
98			1			
99			1			
100			1			
TOTAL IND.			7			
TOTAL DEP.			52			
TOTAL CLAIMS			59			